ELECTED OFFICIAL
Statement of Financial Interest

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S.D. SEC. OF STATE

Elected Officials who file:
State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice SDCL 3-1A-2);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Deadline to file: Not more than **15 days** after the person assumes office AND then not later than the **first day of January** of every year the person continues to hold the office.

File with: The Secretary of State except **local candidates** file with the office where they file their oath of office.

Please print:

Full Name Leslie J. Heinemann

Complete Address 47962 228th St. Flandreau, SD 57028

Office *(list District number if applicable)* House Rep. Dist. 8

What is your occupation/profession? Dentist

List any source of funds (business or economic relationship) which contributes **more than 10%** of or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1)

**The intent of this form is to collect specific information, not generalities.*

Name of Candidate or Family Member	**Name the Source of Funds** (Ex: current employer, SD Legislature, 401K, benefits, etc.)	**Relationship to funds** (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Leslie	Medicaid	owner/provider

Filed this 6th day of December 2017

Shantel Krebs
SECRETARY OF STATE

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

Leslie Heinemann
(Signature)

12-6-17
(Date)